

COUNTY OF MAUI
PLANNING DEPARTMENT
250 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
TELEPHONE: (808) 270-7735 FAX: (808) 270-7634

**LANAI PLANNING COMMISSION
SPECIAL MANAGEMENT AREA EMERGENCY PERMIT APPLICATION**

SOURCE OF LEGAL AUTHORITY: CHAPTER 205A, Hawaii Revised Statutes, as amended.
Lanai Planning Commission Rules.

INFORMATIONAL SHEET

The director shall issue a Special Management Area (SMA) Emergency Permit where:

1. The Director finds criteria set forth in HRS sections 205A-22 and 205A-30, as amended, have been met;
2. In the event of impending or presently occurring disaster, the Mayor has waived the requirements of Sections 12-402-12, 12-402-14, or 12-402-15; or
3. In the event of a state-declared emergency, the governor, after conferral with the recommendation of the mayor, has waived the requirements of Sections 12-402-12, 12-402-14 or 12-402-15 of the SMA Rules.

The Director may place reasonable terms, conditions, and time stipulations upon such permit.

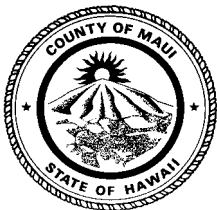
SUBMITTALS

- _____ 1. Evidence that the applicant is the owner or lessee of record of the real property.
- _____ 2. A notarized letter of authorization from the legal owner if the applicant is not the owner and evidence that the authorization is from the legal owner.
- _____ 3. A written description of the proposed action, including but not limited to, the length, width, height, depth, and type of materials for any proposed action.
- _____ 4. A written statement of the emergency or imminent and substantial harm to the public health, safety, or welfare.
- _____ 5. Photographs or VHS format video tape identifying the emergency at the affected area and shoreline property boundaries.
- _____ 6. Any other relevant information requested by the Director.

NOTE: The Director may waive the filing of the written application where the applicant demonstrates to the satisfaction of the Director that imminent danger and substantial harm to a habitable structure would result from the delay in filing a written application.

Not more than ten calendar days after the date of the verbal request, the applicant shall submit the required written emergency permit application. If the applicant fails to submit such application, information, and documentation within the ten day period, the Director may require that the temporary solution be removed.

- _____ 7. **Non-refundable filing fee** (see Fee Schedule, Table B); payable to *County of Maui, Director of Finance*. Payment of fees may be deferred until after imminent danger is over.



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APPLICATION TYPE: LANAI PLANNING COMMISSION
SPECIAL MANAGEMENT AREA EMERGENCY PERMIT
APPLICATION

DATE: _____

PROJECT NAME: _____

PROPOSED DEVELOPMENT: _____

TAX MAP KEY NO.: _____ **CPR/HPR NO.:** _____ **LOT SIZE:** _____

PROPERTY ADDRESS: _____

OWNER: _____ **PHONE:(B)** _____ **(H)** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OWNER SIGNATURE: _____

APPLICANT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (B): _____ **(H):** _____ **FAX:** _____

APPLICANT SIGNATURE: _____

AGENT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (B): _____ **(H):** _____ **FAX:** _____

EXISTING USE OF PROPERTY: _____

CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION: _____

COMMUNITY PLAN DESIGNATION: _____ **ZONING DESIGNATION:** _____

OTHER SPECIAL DESIGNATIONS: _____

COUNTY OF MAUI
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: _____ PHONE NO.: _____

ADDRESS: _____

PROJECT NAME: _____

ADDRESS AND/OR LOCATION: _____

TMK NUMBER(S): _____

ZONING INFORMATION

STATE LAND USE _____ COMMUNITY PLAN _____

COUNTY ZONING _____ SPECIAL DISTRICT _____

OTHER _____

FLOOD INFORMATION

FLOOD HAZARD AREA* ZONE _____

BASE FLOOD ELEVATION _____ mean sea level, 1929 National
Geodetic Vertical

Datum or for Flood Zone A0, FLOOD DEPTH _____ feet.

FLOODWAY [] Yes or [] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [] Yes or [] No

* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

FOR COUNTY USE ONLY

REMARKS/COMMENTS: _____

- ☐ Additional information required.
- ☐ Information submitted is correct.
- ☐ Correction has been made and initialed.

Reviewed and Confirmed by:

Signature

Date

Zoning Administration and Enforcement Division